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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10595978 | <b>Applicant(s)/Patent Under Reexamination</b><br>AHVENNIEMI ET AL. |
|   | <b>Examiner</b><br>Andy S Rao              | <b>Art Unit</b><br>2486   |

| ORIGINAL           |                                   |          |    |  |  | INTERNATIONAL CLASSIFICATION |   |   |   |                     |             |  |  |  |  |  |  |  |
|--------------------|-----------------------------------|----------|----|--|--|------------------------------|---|---|---|---------------------|-------------|--|--|--|--|--|--|--|
| CLASS              |                                   | SUBCLASS |    |  |  | CLAIMED                      |   |   |   |                     | NON-CLAIMED |  |  |  |  |  |  |  |
| 348                |                                   | 88       |    |  |  | H                            | 0 | 4 | N | 7 / 18 (2006.01.01) |             |  |  |  |  |  |  |  |
| CROSS REFERENCE(S) |                                   |          |    |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
| CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |          |    |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
| 348                | 86                                | 92       | 94 |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|---|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final   | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
|   | 1        |       | 17       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 2        | 1     | 18       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 3        | 2     | 19       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 4        | 3     | 20       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 5        | 4     | 21       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 6        | 5     | 22       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 7        |       | 23       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 8        |       | 24       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 9        |       | 25       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 10       |       | 26       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 11       | 6     | 27       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 12       | 7     | 28       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 13       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 14       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 15       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 16       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |

|  |            |                            |                   |
|--|------------|----------------------------|-------------------|
| NONE   |            | Total Claims Allowed:<br>7 |                   |
| (Assistant Examiner)                           | (Date)     |                            |                   |
| /Andy S Rao/<br>Primary Examiner.Art Unit 2486 | 03/14/2011 | O.G. Print Claim(s)        | O.G. Print Figure |
| (Primary Examiner)                             | (Date)     | 1                          | 1                 |